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AUG 10 1994

Winston-Salem
Regional Office

**Underground Storage Tank Closure Report
Baptist Hospital
Winston-Salem, North Carolina
Project No.: 94-140-E**

Prepared by:

**ENGINEERING TECTONICS, P.A.
Winston-Salem, North Carolina**

July 13, 1994

Introduction

On June 5, 1994 Engineering Tectonics, P.A. personnel mobilized to the MRI Building of the Boman Gray Medical Center located on Medical Center Boulevard in Winston-Salem, North Carolina to assess the removal and closure of one underground storage tank (UST) (see Figure 1). One 550 gallon diesel UST was removed from the site (see table 1). A Notice of Intent: UST Permanent closure or change-in-service form (GW/UST-3) was filed on March 1, 1994 and is included as Attachment B. A site plan is included as Figure 2.

Underground Storage Tank Removal

On June 5, 1994 Dunn, Foster and Spainhour Inc. excavated and removed the above mentioned UST along with the associated piping. The UST was examined; no perforations were noted. A certificate of disposal of the USTs is included as Attachment A. A Site Investigation Report for Permanent Closure or Change-in-Service (GW-UST 2) form was completed, and a copy of that form is included as Attachment C.

Subsequent to the excavation, one (1) soil sample was taken from beneath the UST. The soil sample was split into representative duplicates, one half screened with an Organic Vapor Analyzer (OVA) for the presence of Volatile Organic Compounds (VOCs) and the other half placed in laboratory provided glassware for laboratory analysis. To minimize the risk of accidental contamination, new, disposable latex gloves were worn during the transfer of soil. OVA readings are presented in Table 2.

The soil sample was placed in a chilled cooler to maintain a temperature of approximately 4° C using EPA approved chain-of-custody procedures. Samples were prepared and transported to Hydrologic, Inc. in Frankfort, Kentucky for analysis of Total Petroleum Hydrocarbons (TPH), and Total Petroleum Fuel Hydrocarbons (TPFH) by EPA Methods 3550/5030, respectively.

Laboratory Results

Laboratory analytical results indicated TPFH and TPH levels to be below sample detection limits. Laboratory results are summarized in Table 2 and 3, and documented in Attachment D.

CERTIFICATION

I certify this 14th day of July, 1994 that this report was prepared by me or under my direct supervision.

by:

Dan Bowser

Dan Bowser
Staff Geologist

reviewed by:

Thomas G. Whitehead

Thomas G. Whitehead
Geologist

certified by:

John M. Riley
SEAL
No. 8233
ENGINEER
JOHN M. RILEY
President

Tables

Table 1

UST Data

Tank #	Construction	Dimensions (D x L)	Volume (gallons)	Product
1	steel	5.6'x48"	550	Diesel

Table 2

**UST Closure Soil Samples
OVA Readings and Laboratory Results of Soil Samples**

Sample	Sample Depth (Feet)	OVA Reading (ppm)	TPFH 5030 (ppm)	TPH 3550 (ppm)
S-1	7	0	BDL	BDL

ppm = parts per million

BDL Below Detectable Limit

Figures



ENGINEERING TECTONICS, P.A.
 Winston-Salem, N.C (919)
 724-6994

Baptist Hospital UST

94-140

Site Location Map

Feet

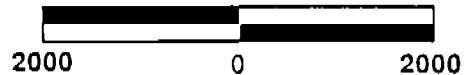
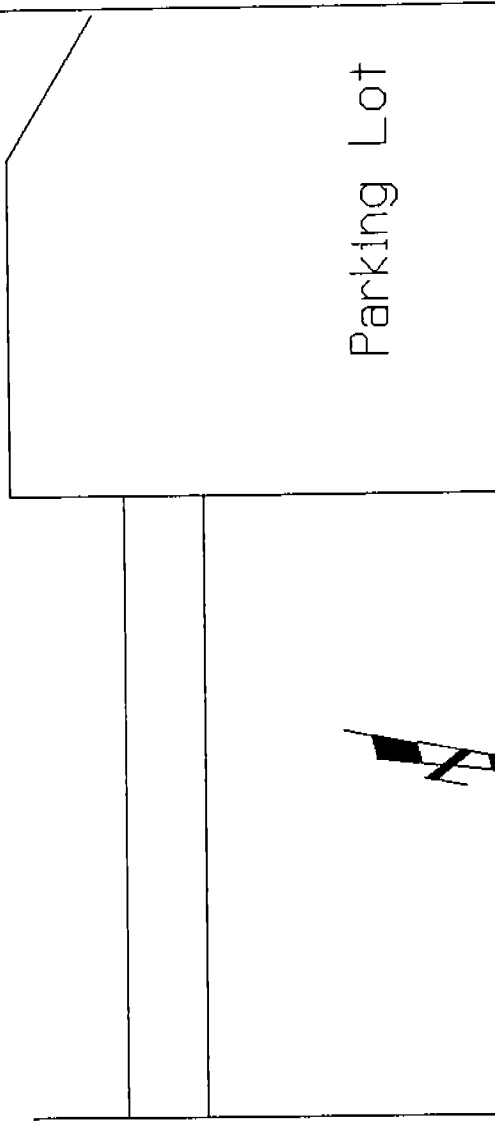
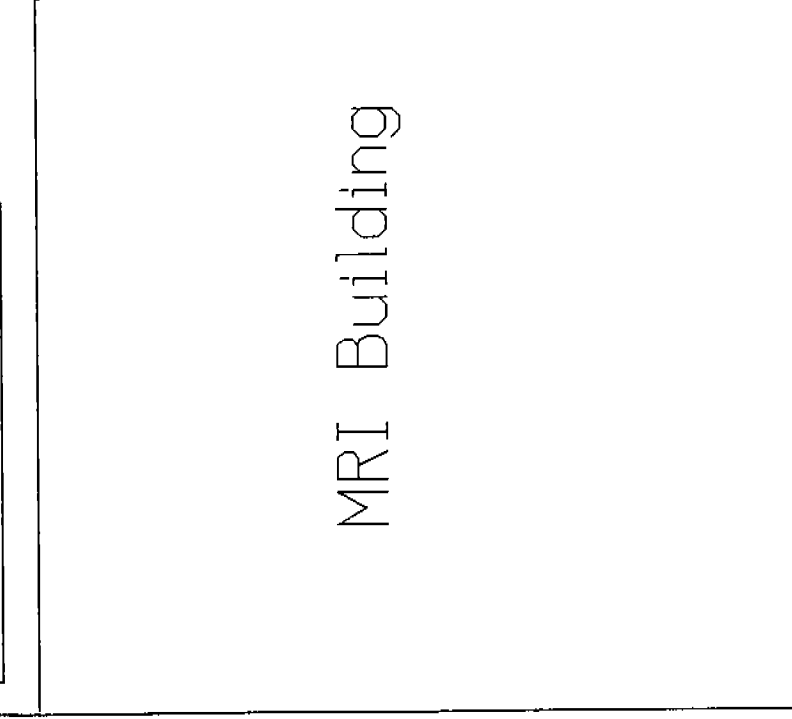
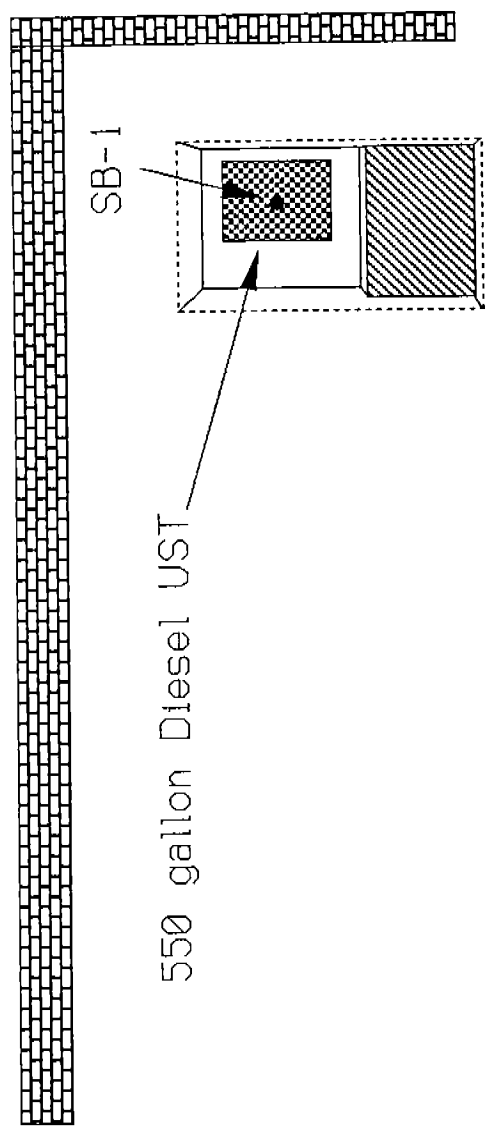


Figure 1

Legend

- Soil sampling location
- UST Excavation
- Pit depth 6 feet
- Pit Depth 3 feet
- UST



		TITLE: Site Plan	
PROJECT: Baptist Hospital		Location: Winston-Salem, NC	
PROJ. # 94-140		DATE: 6/94	
ENGINEERING TECTONICS, P.A.		Drawn by: DB	
GEOTECHNICAL / ENVIRONMENTAL ENGINEERS & SCIENTISTS		Approved by: TG	
P. O. BOX 1 WINSTON-SALEM, NC. 27108		Scale 1"=10'	
		Figure 2	

Attachment A

Certificate of UST Disposal

P. 3

of pages >

Safeway

From:

Received by:

Transported by

Size

Weight

Product

Date
Received

Origin

8573

556

450

F. G.

6/6

Baptist Hospital
M. P. I.

Ricky Blum
SAFeway TANK DISPOSAL, II

SAFEWAY TANK DISPOSAL, INC.

Attachment B

GW-UST-3 Form

(GW/UST-3)

Notice of Intent: UST Permanent Closure or Change-In-Service

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

State Use Only

I. D. Number _____

Date Received _____

INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

I. OWNERSHIP OF TANK(S)

Tank Owner Name: Baptist Hospital

(Corporation, Individual, Public Agency, or Other Entity)

Street Address: Medical Center Blvd.County: ForsythCity: Winston-Salem State: NC Zip Code: 27157Tele. No. (Area Code): (910) 716-2011

II. LOCATION OF TANK(S)

Facility Name or Company Baptist Hospital

Facility ID # (if available) _____

Street Address or State Road: Medical Center Blvd.County: Forsyth City: Winston-Salem Zip Code: 27157Tele. No. (Area Code): (910) 716-2011

III. CONTACT PERSON

Name: John Klimkowski Job Title: Engineer Telephone Number: (910) 716-2011

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".

5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: Dunn, Foster, & SpainhourAddress: 2809 Hall Lane, Winston-Salem State: NC Zip Code: 27102Contact: Walt Foster Phone: (910) 768-8586

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Stored
<u>6</u>	<u>1000 gal</u>	<u>Diesel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>40240</u>	<u>1000 gal</u>	<u>Diesel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

Dan Bowser Staff Geologist*Scheduled Removal Date: 3/28/94Signature: *Dan Bowser*Date Submitted: 3/1/94

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.

Attachment C
GW-UST-2 Form

(GW/UST-2)

Site Investigation Report For Permanent Closure or Change-in-Service of U.S.T.

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location.
[SEE MAP ON REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL
OFFICE ADDRESS].

State Use Only

I.D. Number _____

Date Received _____

INSTRUCTIONS

Complete and return within (30) days following completion of site investigation.

I. Ownership of Tank(s)

Baptist Hospital
Owner Name (Corporation, Individual, Public Agency, or Other Entity)
Medical Center Blvd
Street Address
Forsyth
County
Winston-Salem NC 27157
City State Zip Code
(910) 716-2011
Area Code Telephone Number

II. Location of Tank(s)

Baptist Hospital
Facility Name or Company
0-015466
Facility ID # (if available)
Medical Center Blvd
Street Address or State Road
Forsyth Winston-Salem 27157
County City Zip Code
(910) 716-2011
Area Code Telephone Number

III. Contact Person

John Kimkowski Engineer (910) 716-2011
Name Job Title Telephone No. (Area Code)
Closure Contractor Dunn, Foster, and Spalnhour (910) 768-8586
(Name) (Address) Telephone No. (Area Code)
Lab. Hydrologic Frankfort KY (502) 223-0251
(Name) (Address) Telephone No. (Area Code)

IV. U.S.T. Information

V. Excavation Condition

VI. Additional Information Required

Tank No.	Size in Gallons	Tank Dimensions	Last Contents	Water in Excavation		Free Product		Notable Odor or Visible Soil Contamination	
				Yes	No	Yes	No	Yes	No
1	550	5.6'x48"	Diesel		X		X		X

See reverse side of pink copy (owner's copy) for additional information required by N.C. - DEM in the written report and sketch.

VII. Check List

Check the activities completed.

- ☐ Contact local fire marshal
☒ Notify DEM Regional Office before abandonment
☒ Drain & flush piping into tank.
☒ Remove all product and residuals from tank
☒ Excavate down to tank
☒ Clean and inspect tank
☒ Remove drop tube, fill pipe, gauge pipe, vapor recovery tank connections, submersible pumps and other tank fixtures.
☒ Cap or plug all lines except the vent and fill lines.
☐ Purge tank of all product & flammable vapors.
☐ Cut one or more large holes in the tanks.
☒ Backfill the area.
Date Tank(s) Permanently closed: June 5, 1994
Date of Change-in-Service: _____

- ABANDONMENT IN PLACE**
☐ Fill tank until material overflows tank opening;
☐ Plug or cap all openings;
☐ Disconnect and cap or remove vent line
☐ Solid inert material used - specify: _____

- REMOVAL**
☐ Create vent hole
☐ Label tank
☐ Dispose of tank in approved manner
Final tank destination: _____

Safeway Tank Disposal

VIII. Certification (Read and Sign)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

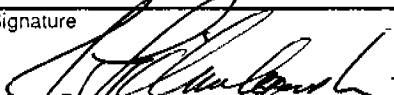
Print name and official title of owner or owner's authorized representative

Signature

Date Signed

J.F. KLIMKOWSKI

AST DIRECTOR-ENG



8/8/94

Attachment D

Laboratory Results

H Y D R O L O G I C I N C

COMPANY NAME: Engineering TecTonics
 COMPANY PROJECT NUMBER: #94-140/BAPTIST HOSPITAL

HYDROLOGIC PROJECT NUMBER: FL94-7216
 HYDROLOGIC SAMPLE NUMBER: 7216
 HYDROLOGIC LAB I.D.#: 399
 SAMPLE IDENTIFICATION: S-1
 DATE SAMPLED: 6/6/94
 DATE EXTRACTED: 6/8/94
 DATE/TIME ANALYZED: 6/9/94 6/10/94

METHOD TPH 3550/5030

<u>ANALYSIS</u>	<u>CAS NO.</u>	<u>SDL</u> (mg/kg)	<u>RESULT</u> (mg/kg)
Diesel		1.0	BDL
Gasoline		2.0	BDL

BDL = Below Sample Detection Limit
 SDL = Sample Detection Limit

COMMENTS: _____

